



17558

PATENT  
Attorney Docket No. FRD-043

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Follestad et al.  
SERIAL NO.: 09/673,121 GROUP NO.: 1755  
FILING DATE: November 27, 2000 EXAMINER: Jennine M. Brown  
TITLE: CATALYST SYSTEM FOR ETHYLENE POLYMERISATIONS

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20<sup>th</sup> day of February, 2004.

*Keri Lennon*  
Keri Lennon

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

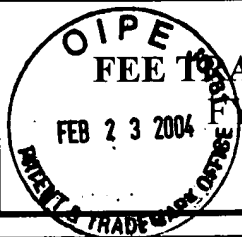
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Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Amendment and Response (7 pages);
4. Terminal Disclaimer (2 pages);
5. Check in the Amount of \$110.00;
6. Return Receipt Postcard.

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## FEE TRANSMITTAL

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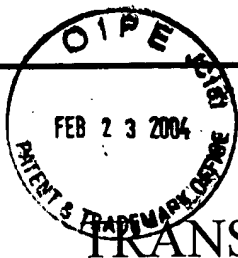
Complete if Known

|                           |                   |
|---------------------------|-------------------|
| Application Serial Number | 09/673,121        |
| Filing Date               | November 27, 2000 |
| First Named Inventor      | Follestad         |
| Group Art Unit            | 1755              |
| Examiner Name             | Jennine M. Brown  |
| Attorney Docket No.       | FRD-043           |

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| METHOD OF PAYMENT  |                                 | FEE CALCULATION (continued)   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
|--|---------------------------------|---|-----------------|-----------------------|-----------------------|--------------------|----------|-----|-------------------|-------------------------------------|-----|------------------------|----|--|--------------|--------------|------|---------------------------|--------------|--------|-------|------------------------------------|--|--------------------|-------|--|--------------|-----|--|---|--|-----|------------|--|--|------|-----|---|------------------------|------|------|--|--|--------------|-----|------------------|--|------|------|--|---------------------------------|---------------|------|--------------------------|----------|--------|-----|-------------------------------|------|----------|-------|--|--------------|------|--|---|--|-----|--------------|--|--|-----|-----|---|------|------------------------|----|-----------------------------------|----------|---------------------|--|--------------|--|---------------------|--|------|------|--|--|
| <p>1. <input checked="" type="checkbox"/> Payment Enclosed:<br/><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br/><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br/><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br/><input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input type="checkbox"/> Applicant claims small entity status.</p>   |                                 | <p>3. ADDITIONAL FEES</p> <table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>420</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>950</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1480</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>2010</td><td>1005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>330</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>330</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>290</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>770</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>770</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr><tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td>\$110.00</td></tr><tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr><tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr></tbody></table> |                 | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description    | Fee Paid | 130 | 65                | Surcharge - late filing fee or oath |     | 50                     | 25 | Surcharge - late provisional filing fee or cover sheet |              | 130          | 130  | Non-English specification |              | 2,520  | 2,520 | Request for ex parte reexamination |  | 110                | 55    | Extension for reply within first month |              | 420 | 210  | Extension for reply within second month |  | 950 | 475        | Extension for reply within third month |  | 1480 | 740 | Extension for reply within fourth month |                        | 2010 | 1005 | Extension for reply within fifth month |  | 330          | 165 | Notice of Appeal |  | 330  | 165  | Filing a brief in support of an appeal |                                 | 290           | 145  | Request for oral hearing |          | 130    | 130 | Petitions to the Commissioner |      | 180      | 180   | Submission of Information Disclosure Statement |              | 770  | 385  | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 770 | 385          | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |      | 110                    | 55 | Submission of Terminal Disclaimer | \$110.00 | Other fee (Specify) |  |              |  | Other fee (Specify) |  |      |      |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description   | Fee Paid        |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 130  | 65                              | Surcharge - late filing fee or oath   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 50   | 25                              | Surcharge - late provisional filing fee or cover sheet  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 130  | 130                             | Non-English specification   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 2,520  | 2,520                           | Request for ex parte reexamination  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 110  | 55                              | Extension for reply within first month  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 420  | 210                             | Extension for reply within second month   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 950  | 475                             | Extension for reply within third month  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 1480   | 740                             | Extension for reply within fourth month   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 2010   | 1005                            | Extension for reply within fifth month  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 330  | 165                             | Notice of Appeal  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 330  | 165                             | Filing a brief in support of an appeal  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 290  | 145                             | Request for oral hearing  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 130  | 130                             | Petitions to the Commissioner   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 180  | 180                             | Submission of Information Disclosure Statement  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 770  | 385                             | Filing a submission after final rejection (37 CFR 1.129(a))   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 770  | 385                             | For each additional invention to be examined (37 CFR 1.129(b))  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 100  | 100                             | Certificate of Correction for applicant's error   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 110  | 55                              | Submission of Terminal Disclaimer   | \$110.00        |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Other fee (Specify)  |                                 |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Other fee (Specify)  |                                 |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| <p>1. FILING FEE</p> <table><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>770</td><td>Utility filing fee</td><td></td></tr><tr><td>340</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <table><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 86.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$290.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td></td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> <p>2. AMENDMENT CLAIM FEES</p> <table><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total 13</td><td>- 20 =</td><td>0</td><td>x \$ 18.00 =</td><td>0.00</td></tr><tr><td>Indep. 3</td><td>- 3 =</td><td>0</td><td>x \$ 86.00 =</td><td>0.00</td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$290.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td>(\$)</td><td>0.00</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td>(\$)</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> |                                 | Large Entity Fee (\$)   | Fee Description | Fee Paid              | 770                   | Utility filing fee |          | 340 | Design filing fee |                                     | 160 | Provisional filing fee |    |  | Number Filed | Number Extra | Rate | Amount                    | Total Claims | - 20 = |       | x \$ 18.00 =                       |  | Independent Claims | - 3 = |  | x \$ 86.00 = |     | <input type="checkbox"/> Multiple Dependent Claim(s), if any |   |  |     | \$290.00 = | TOTAL:                                 |  |      |     |   | SMALL ENTITY DISCOUNT: |      |      |  |  | SUBTOTAL (1) |     |                  |  | (\$) | 0.00 | Claims Remaining After Amend.          | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid                 | Total 13 | - 20 = | 0   | x \$ 18.00 =                  | 0.00 | Indep. 3 | - 3 = | 0  | x \$ 86.00 = | 0.00 | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |   |  |     | + \$290.00 = | TOTAL:   |  |     |     | (\$)  | 0.00 | SMALL ENTITY DISCOUNT: |    |                                   |          | (\$)                |  | SUBTOTAL (2) |  |                     |  | (\$) | 0.00 | <p>SUBTOTAL (3)</p> <p>(\$)</p> <p>110.00</p> <p>SUBTOTAL (1)</p> <p>0.00</p> <p>SUBTOTAL (2)</p> <p>0.00</p> <p>SUBTOTAL (3)</p> <p>110.00</p> <p>TOTAL</p> <p>(\$)</p> <p>110.00</p> |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid  |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 770  | Utility filing fee              |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 340  | Design filing fee               |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| 160  | Provisional filing fee          |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
|  | Number Filed                    | Number Extra  | Rate            | Amount                |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Total Claims   | - 20 =                          |   | x \$ 18.00 =    |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Independent Claims   | - 3 =                           |   | x \$ 86.00 =    |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                                 |   |                 | \$290.00 =            |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| TOTAL:   |                                 |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| SUBTOTAL (1)   |                                 |   |                 | (\$)                  | 0.00                  |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra   | Rate            | Fee Paid              |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Total 13   | - 20 =                          | 0   | x \$ 18.00 =    | 0.00                  |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Indep. 3   | - 3 =                           | 0   | x \$ 86.00 =    | 0.00                  |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                                 |   |                 | + \$290.00 =          |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| TOTAL:   |                                 |   |                 | (\$)                  | 0.00                  |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |   |                 | (\$)                  |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| SUBTOTAL (2)   |                                 |   |                 | (\$)                  | 0.00                  |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| CORRESPONDENCE ADDRESS   |                                 | SIGNATURE BLOCK   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                                 | Respectfully submitted,<br><br>Michael H. Brodowski<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Date: February 20, 2004<br>Reg. No.: 41,640<br>Tel. No.: (617) 248-7012<br>Fax No.: (617) 248-7100   |                 |                       |                       |                    |          |     |                   |                                     |     |                        |    |  |              |              |      |                           |              |        |       |                                    |  |                    |       |  |              |     |  |   |  |     |            |  |  |      |     |   |                        |      |      |  |  |              |     |                  |  |      |      |  |                                 |               |      |                          |          |        |     |                               |      |          |       |  |              |      |  |   |  |     |              |  |  |     |     |   |      |                        |    |                                   |          |                     |  |              |  |                     |  |      |      |  |  |



# TRANSMITTAL FORM

|                           |                   |
|---------------------------|-------------------|
| Application Serial Number | 09/673,121        |
| Filing Date               | November 27, 2000 |
| First Named Inventor      | Follestad         |
| Group Art Unit            | 1755              |
| Examiner Name             | Jennine M. Brown  |
| Attorney Docket No.       | FRD-043           |
| Patent No.                | Not applicable    |
| Issue Date                | Not applicable    |

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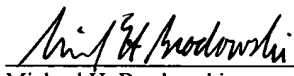
## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form   | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application  | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s)  | <input type="checkbox"/> Appeal Brief (in triplicate)                                      |
| <input type="checkbox"/> Petition for Extension of Time   | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  | <input type="checkbox"/> Status Inquiry  |
| <input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations   | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)   | <input checked="" type="checkbox"/> Return Receipt Postcard                                |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input checked="" type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above   | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application                        | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8         |
|   | <input type="checkbox"/> Small Entity Statement   | <input type="checkbox"/> Additional Enclosure(s) (please identify below)                   |
|   | <input type="checkbox"/> CD(s) for large table or computer program  |  |
|   | <input type="checkbox"/> Amendment After Allowance  |  |
|   | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) |  |

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Michael H. Brodowski  
Attorney for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110